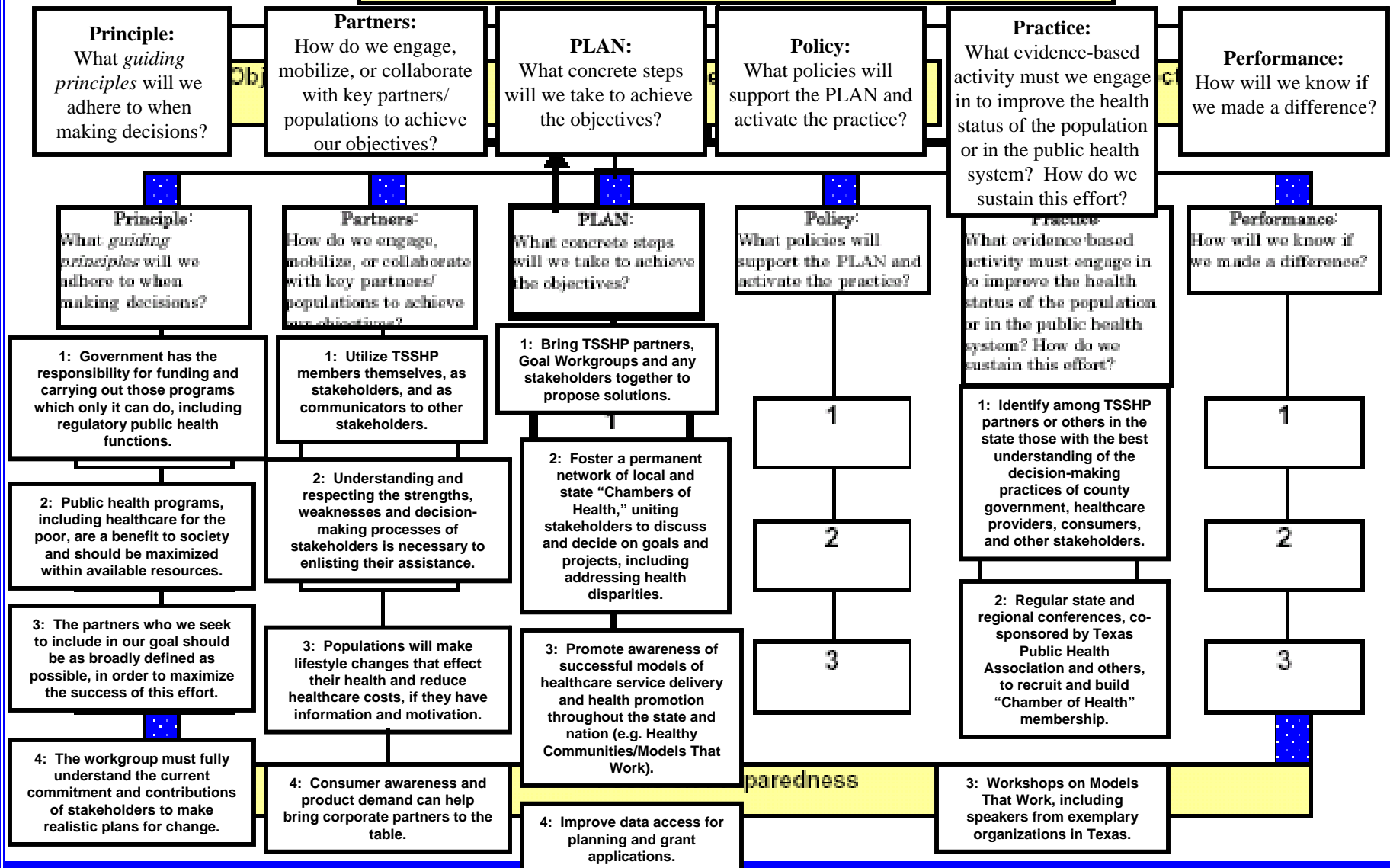


WORKGROUP FRAMEWORK GOALS G-L

Health Status Goal H

Goal Statement: By 2010, a diverse set of partners will actively participate and collaborate to support Texans.



Workgroup Framework Goals G-L

Health Status Goal H

Goal Statement: By 2010, a diverse set of partners will actively participate and collaborate to support healthy Texans.

Principle:

What *guiding principles* will we adhere to when making decisions?

1: Government has the responsibility for funding and carrying out those programs which only it can do, including regulatory public health functions.

2: Public health programs, including healthcare for the poor, are a benefit to society and should be maximized within available resources.

3: The partners who we seek to include should be as broadly defined as possible, in order to maximize the success of this effort.

4: Plans must take into account the current commitment and contributions of stakeholders to make realistic plans for change.

5: Recommendations must make sound business sense, factoring in both Return on Investment and quality.

6: Where possible, results should be measurable, and clear yardsticks for success should be agreed upon.

Partners:

How do we engage, mobilize, or collaborate with key partners/ populations to achieve our objectives?

1: Utilize TSSHP members themselves, as stakeholders, and as communicators to other stakeholders.

2: Understanding and respecting the strengths, weaknesses and decision-making processes of stakeholders is necessary to enlisting their assistance.

3: Populations will make lifestyle changes that effect their health and reduce healthcare costs, if they have information and motivation.

4: Consumer awareness and product demand can help bring corporate partners to the table.

5: Partners should seek to gauge and work with stakeholders' readiness to participate in partnerships/coalitions.

PLAN:

What concrete steps will we take to achieve the objectives?

1: Foster a permanent network of local and state "Chambers of Health," uniting stakeholders to discuss and pursue goals and projects related to the health of Texans. Chambers should not supplant existing local coalitions; instead, when possible, effective local organizations should be encouraged to become Chambers of Health. Definitions of "local" may vary as stakeholders see fit, although city- and county-level coalitions are often a good match for important players such as public health agencies.

2: Promote awareness of successful models of healthcare service delivery, health promotion, etc., throughout the state and nation (e.g. Healthy Communities/Models That Work).

3: Improve data access for planning and grant applications.

Policy:

What policies will support the PLAN and activate the practice?

1: Universities will establish a policy of gathering and making available Models that Work and other documents about community coalition-building, and will make these materials available to Chambers upon request.

2: Texas Dept. of State Health Services will pursue funding for and grant those funds for conferences to recruit and build Chambers of Health. Conference offerings will be built to appeal to various constituencies, including business, healthcare, public health, non-profit organizations, and members of the public.

3: TSSHP members shall be asked for input on how best to reach their organization's members, and how to reach their partners and stakeholders, with information about starting Chambers of Health.

4: TSSHP will ask prominent Texas stakeholders to form a statewide Chamber of Health organization.

Practice:

What evidence-based activity must we engage in to improve the health status of the population or in the public health system? How do we sustain this effort?

1: Regular state and regional conferences, co-sponsored by Texas Dept of State Health Services, Texas Public Health Association and others, to recruit and build "Chambers of Health" membership.

2: Workshops on Models That Work, including speakers from exemplary organizations in Texas.

3: By 2008, there will be an evaluation by a TSSHP-designated group, to consider whether Chamber-sponsored activities have effected needs such as healthcare access and cost, health promotion, and the other TSSHP Goals. Data from this evaluation can be included in statewide Chambers workshops or conferences as a feedback on Chambers' successes.

Performance:

How will we know if we made a difference?

1: By 2010, at least 5 conferences (1 per year) on creating and building Chambers of Health will have been held.

2: By 2010, at least 15 Chambers of Health will have been established (new organizations) or designated (existing coalitions).

3: By 2010, at least 2 training sessions on Models that Work will have been held, for Chambers of Health members and others.

4: By 2010, a TSSHP-designated group will have studied the Chambers of Health effort, comparing it to the goals of this plan and the TSSHP's other 11 Goals, and making suggestions for future directions. This group will especially look at outcomes which Chambers have achieved, and may consider ways to update Models that Work materials with recent experiences and innovations by Texas Chambers.